N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1. PLACE OF DEATH COUNTY STATE FILE NO. STATE COUNTY STATE ARIZONA REGISTERED NO. 1294 / OR TOWNSHIP Phoenix IF Death occurred in hospital or ination, give its NAME instand or street and number). INC. GOOD SAMABILITIEN HOSPITAL OR INSTINCTION, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instand or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instance or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instance or street and number). INC. GOOD SAMABILITIEN, GIVE ITS NAME instance or street and number). INC. GOOD SAMABILITIEN, GIVE IN TOWN LONG IN TATE WAS LOCATED IN THE WORD). SINGLE, MARKIED, WILL SAMABILITY OR TOWN AND SAMABILITY OR TOWN AND SAMABILITY. INC. GOOD SAMABILITY OR TOWN. INC. GOOD SAMABILITY OF TOWN AND SAMABILITY. INC. GOOD SAMABILITY OF TOWN AND SAMABILITY. INC. GOOD SAMABILITY. INC. GO	STANDARD CERTIFICATE OF DEATH Arizona State F	Board of Health
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SIGNED SIGNED M. D. M. D.	ADDRESS PROBLEM ATIZONA	
20. FILED 19.77 19.77 19.77	20. FILED 9-4 1034 (). W. Hiplan	(SIGNED), M. D